Yale School of Architecture
SUBSTITUTION REQUEST OF REQUIRED ELECTIVE COURSE

Student Name _____ **SID #** _____ **Year Matriculated** _____

Program ☐ M.Arch I   ☐ M.Arch II   **Current Year** ☐ 1   ☐ 2   ☐ 3   ☐ 4   **Date** _____

(submit only one request per form)

☐ **Request that the following course fulfill one course for History & Theory Elective Requirement**

Yale Course # _____ Yale Course Name _____

☐ **Request that the following course fulfill the Urbanism & Landscape Elective Requirement**

Yale Course # _____ Yale Course Name _____

☐ **Request that the following course fulfill the Visualization III Elective Requirement**

Yale Course # _____ Yale Course Name _____

Explanation of Request (if more space is needed, attach additional page)

_____
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Student Signature _____

Student to take form to Study Area Coordinator

STUDY AREA COORDINATOR

Approved by _____ Date _____

Signature of Study Area Coordinator

CURRICULUM COMMITTEE

Curriculum committee meeting date _____

Approved by _____ Date _____

Signature of Chairperson of Curriculum Committee

RULES COMMITTEE

Rules Committee meeting date _____

Approved   ☐ Disapproved   ☐ Hold For _____

Comments_____

_____

Approved by _____ Date _____

Signature of Chairperson of Rules Committee

Revised 6/21/18